



This form must be prepared and signed by the appropriate official from the college or university where your educator preparation program will be completed.									
Candidate Information:									
Last Name				First Name				Middle Initial	
Street Address						Apt. or Unit #			
City				State				Zip Code	
Last Four Digits of SSN				Birth Date				Former Name(s)	
To be completed by the college or university where the applicant plans to complete his/her educator preparation program. Please complete the information requested below and return to the candidate at the address above:									
Name of College/University									
City/State									
Is your institution regionally accredited?		<input type="radio"/> Yes <input type="radio"/> No		Name of regional agency:					
Accreditation of Educator Preparation Program		<input type="radio"/> CAEP <input type="radio"/> NCATE <input type="radio"/> State - For State approved programs, please indicate the subject area only content hours required for your secondary or K-12 programs (example: 40 Semester Credits in an extended Major or 30 Semester Credits/20 Semester Credits in an approved Major/Minor) <input type="radio"/> Other (i.e. Alternative route) Please describe _____							
Type of Educator Preparation Program applicant will complete	<input type="radio"/> Early Childhood (Age 3–Grade 3)		<input type="radio"/> Elementary (K-8)		<input type="radio"/> Middle Grades (4-8)		<input type="radio"/> Special Education (pre K-12) Disability area if not cross categorical _____ Please indicate the Disability area of program focus		
<input type="radio"/> Secondary Endorsement	Secondary Subject Area		_____ Please indicate the secondary area of study		<input type="radio"/> K-12 Endorsement		K-12 Subject Area		_____ Please indicate the K-12 area of study
To be signed by the appropriate college official (Dean of Education, Certification Officer, Licensure Official, etc.)									
Upon review of the academic records provided by the above named party, I find:									
<input type="radio"/> The Applicant can meet requirements for full licensure within the three-year valid period of the license. <input type="radio"/> The Applicant meets the professional educator preparation program's admission requirements.									
Please call the Montana Educator Licensure Program if you have any questions regarding the completion of this form. (406)444-3150									
Signature					Date				
Printed Name and Title					Email Address				
Phone Number				College Seal					